



# East Haven Police Department

471 North High Street,  
East Haven, CT 06512  
203-468-3820



## BAD CHECK COMPLAINT FORM

1. CHECKS MARKED AS “STOP PAYMENT” ARE CIVIL COMPLAINTS. COMPLAINTS OF THIS NATURE SHOULD BE MADE IN SMALL CLAIMS COURT.
2. A LETTER MUST BE SENT TO THE ISSUER BY CERTIFIED MAIL TO THE LAST KNOWN ADDRESS. THE RETURN RECEIPT AND THE ORIGINAL CHECK SHALL BE TURNED IN WITH THIS PACKET.
3. PAYROLL CHECKS WILL NOT BE ACCEPTED BY THE COURT. COMPLAINTS OF THIS NATURE SHOULD BE MADE TO THE STATE OF CONNECTICUT OFFICE OF LABOR MANAGEMENT.
4. ONE PACKET SHOULD BE FILLED OUT FOR EACH CHECK.
5. THE PACKET MUST BE FILLED OUT BY THE PERSON FILING THE COMPLAINT.
6. CHECKS ISSUED MORE THAN 90 DAYS WILL NOT BE ACCEPTED BY THE COURT.
7. CHECKS MUST HAVE BEEN RECEIVED IN THE TOWN OF EAST HAVEN, CT.
8. COMPLAINANTS MUST CONTACT THE EAST HAVEN POLICE DETECTIVE DIVISION PRIOR TO TURNING A BAD CHECK COMPLAINT FORM AT 203-468-3827. THIS PACKET WILL BE REVIEWED PRIOR TO ACCEPTING THE COMPLAINT.



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## BAD CHECK COMPLAINT FORM

### PART I: TO BE COMPLETED BY PERSON MAKING COMPLAINT:

YOUR BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PERSON MAKING REPORT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

PLACE WHERE CHECK WAS ACCEPTED: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_ DATE CHECK ACCEPTED: \_\_\_\_\_ AMOUNT OF CHECK: \_\_\_\_\_

NAME OF PERSON WHO PRESENTED CHECK: \_\_\_\_\_

WAS THE CHECK PRESENTED FOR PAYMENT OR DEPOSITED MORE THAN ONCE?:

YES NO IF SO, WHEN?: \_\_\_\_\_

ON WHICH DATE WAS THE ISSUER'S ACCOUNT CLOSED?: \_\_\_\_\_

PLEASE DETAIL WHAT STEPS YOU OR YOUR EMPLOYEES HAVE TAKEN TO CONTACT THE SUSPECT AND/OR RECOVER YOUR LOSS:

WHO CONTACTED THE ISSUER?: \_\_\_\_\_

WHEN?: \_\_\_\_\_

WHAT WAS THE RESULT?: \_\_\_\_\_

DATE REGISTERED LETTER SENT: \_\_\_\_\_

DATE OF RETURN: \_\_\_\_\_ WAS THE LETTER ACCEPTED?: \_\_\_\_\_

HAVE YOU INSTITUTED CIVIL PROCEEDINGS AGAINST THE ISSUER?:

YES NO IF SO, WHICH COURT?: \_\_\_\_\_

DOCKET #: \_\_\_\_\_ CASE STATUS: \_\_\_\_\_

HAVE YOU RETAINED AN ATTORNEY OR TURNED THIS MATTER OVER TO A COLLECTION AGENCY IN AN ATTEMPT TO COLLECT THE CHECK?:

YES NO IF SO, WHOM?: \_\_\_\_\_



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PLEASE INDICATE ANY INFORMATION YOU FEEL WOULD HELP IN LOCATING AND PROSECUTING THIS PERSON:

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### PART II: MUST BE COMPLETED BY THE PERSON WHO ACTUALLY TOOK THE CHECK:

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

NAME GIVEN TO YOU BY ISSUER: \_\_\_\_\_

IDENTIFICATION USED: \_\_\_\_\_

PHONE NUMBER GIVEN TO YOU BY ISSUER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ISSUER'S DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE \_\_\_\_\_

DID ISSUER'S APPEARANCE MATCH PHOTO ON I.D. USED? YES NO

OTHER I.D. USED?: \_\_\_\_\_

WAS THE ISSUER KNOWN TO YOU? YES NO IF YES, HOW? \_\_\_\_\_

AS THE PERSON WHO ACCEPTED THE CHECK, CAN YOU IDENTIFY THE ISSUER? YES NO IF YES, HOW? \_\_\_\_\_

### WHAT CONSIDERATION DID THE ISSUER OBTAIN IN EXCHANGE FOR THE CHECK?:

- |    |                     |     |    |
|----|---------------------|-----|----|
| A. | CREDIT FOR A BILL?: | YES | NO |
| B. | SERVICES?:          | YES | NO |
| C. | CASH?:              | YES | NO |
| D. | MERCHANDISE?:       | YES | NO |



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E. RENT OR MORTGAGE PAYMENT?: YES NO

F. DESCRIBE ANY OTHER CONSIDERATION:

WAS THE CHECK POSTDATED AND/OR DID THE ISSUER ASK YOU TO HOLD THE CHECK FOR A FUTURE DATE?: YES NO

DID YOU SEE THE ISSUER WRITE AND/OR ENDORSE THE CHECK?: YES NO

DID YOU INITIAL, MARK, OR WRITE UPON THE CHECK AT THE TIME YOU ACCEPTED IT?: YES NO

IF SO, WHAT?:

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### TO BE SIGNED BY PERSON WHO ACTUALLY ACCEPTED THE CHECK:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby understand and agree that all the information contained in this document is to be used by and disseminated among all Law Enforcement Agencies, the Office of the State’s Attorney, and the Courts. I also understand and agree that this check is being submitted for criminal prosecution and that if criminal prosecution is instituted, it will be necessary for those persons having knowledge of the facts, to appear and testify in Court.

I hereby certify that no one has accepted full or partial restitution for this particular check as of this date, and I further agree NOT TO ACCEPT RESTITUTION WITHOUT NOTIFYING THE INVESTIGATING POLICE OFFICER.

I hereby certify that I have read and understand the directions for this form, and that all of the facts herein are to the best of my knowledge, true, accurate, and complete.

### TO BE SIGNED BY COMPLAINANT:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_